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Committee on the Rights of the Child
Seventy-first session

Summary record of the 2078th (Chamber A) meeting
Held at the Palais des Nations, Geneva, on Tuesday, 19 January 2016, at 3 p.m.

Chair: Ms. Aldoseri

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The meeting was called to order at 3 p.m.

Consideration of reports of States parties (*continued*)

Second periodic report of Zimbabwe (continued) (CRC/C/ZWE/2; CRC/C/ZWE/Q/2 and Add.1; HRI/CORE/1/Add.55)

1. *At the invitation of the Chair, the delegation of Zimbabwe took places at the Committee table.*

2. **Mr. Parirenyatwa** (Zimbabwe), referring to the questions raised at the Committee's 2076th meeting, said that he would entrust the responses to the various members of his delegation.

3. **Mr. Chinake** (Zimbabwe) recalled that a question had been asked about financial assistance to households in which children lived solely with their grandparents. "Child-headed" and "granny-headed" households were catered for under the public assistance programme and were eligible to participate in a health assistance programme. Under the basic Education Assistance Module (BEAM), priority was given to children from such households for the receipt of educational grants. Grandparents were eligible for support in reassuming their parenting roles and learning new parenting skills. In addition, the Harmonized Social Cash Transfer Programme (HSCT) provided support to households that were labour-constrained or food-poor: 72 per cent of the households currently under the programme were headed by elderly persons, and 2 per cent by children. According to national census figures, 2.9 per cent of Zimbabwean households were headed by children.

4. With regard to the organization and monitoring of institutionalized care for children, he said that at present, 8 children's institutions were Government-run and 99 were privately operated, primarily by churches and non-governmental organizations. After meeting the criteria set out in the Children's Act, children's institutions had to pass inspections twice a year and satisfy the National Residential Care Standards. Children could be placed in residential care institutions only pursuant to an order from a children's court.

5. In response to a question from **Mr. Guráň** (Country Task Force), he said that private institutions for children had to be registered in accordance with the Children's Act and the Private Voluntary Organizations Act.

6. **Ms. Sandberg** (Coordinator, Country Task Force) asked about the specific requirements that private children's institutions needed to fulfil in order to obtain accreditation.

7. **Mr. Chinake** (Zimbabwe) said that they had to meet the relevant health requirements of the Public Health Act and obtain a recommendation from the Minister of Health and Child Welfare. Caregivers working in such institutions had to be cleared for infectious diseases and vetted to ensure that they had not committed any offences against children. Residential care institutions had to maintain a child/caregiver ratio of 15 to 1 and meet minimum requirements for the amount of space allotted to each child.

8. **Mr. Guráň** asked what level of professional experience was required of caregivers in such institutions.

9. **Mr. Chinake** (Zimbabwe) said that each institution was required to have a qualified social worker on hand, and if they housed children under the age of 1, they had to have a qualified staff nurse who was registered with the Health Professions Authority. Other child-care workers had to have basic experience in caring for children.

10. **Ms. Sandberg** said that the availaility of well-trained social workers appeared to be problematic.

11. **Mr. Chinake** (Zimbabwe) said that there was indeed a demand for such workers but that it was being addressed through in-service training programmes, especially those offered by institutions of higher learning. As a result, the social worker/child ratio had been reduced from 1 to 50,000 in 2004 to its current level of 1 to 20,000. Basic training was also being provided to paraprofessional social workers, known as "social welfare assistants".

12. Many children were in informal foster-care arrangements that had not been ordered by the courts and in which care was provided primarily by the child's extended family or community. Such arrangements were grounded in the Ubuntu philosophy that all children were everyone's children. Children in formal foster care arrangements received State support in the form of a monthly child allowance.

13. **Ms. Sandberg** asked whether foster care was regulated by law and how it was monitored.

14. **Mr. Chinake** (Zimbabwe) said that prospective foster parents were assessed on the basis of social, economic and psychological criteria in order to determine their suitability. For the purposes of monitoring, social workers were required to have monthly contact with the child and the foster parents in a variety of settings.

15. Turning to the issue of adoption, he noted that national and inter-country adoptions were regulated by the Children's Act. Prospective adoptive parents who were not Zimbabwean had to satisfy the suitability criteria of their country of origin as well as those of Zimbabwe. The authorities were guided in their suitability assessment by the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption, even though Zimbabwe had not yet ratified it. In 2012, Zimbabwe had begun a process to facilitate the ratification of that Convention and was making steady progress in that direction.

16. **Ms. Muhamad Shariff** (Country Task Force) asked whether prospective foster parents were screened in order to ensure that they had not committed sexual offences against children.

17. **Mr. Chinake** (Zimbabwe) said that the assessment of potential foster parents included a determination as to whether they had committed any kind of child abuse, whether physical, sexual or emotional in nature.

18. **Ms. Ndlovu** (Zimbabwe) said that the State party denied the reports alluded to at the Committee's 2076th meeting that the Public Order and Security Act had been used to deny children the right to march in commemoration of Universal Children's Day. The involvement of the police on that occasion had been solely to control traffic and to ensure the security of the children.

19. **Ms. Msika** (Zimbabwe), referring to reports that children were forced to participate in political activities, said that those reports were untrue and that schools were primarily institutions of learning.

20. **Mr. Gastaud** asked whether children could exercise the right to assemble and associate freely solely when official authorization was given for that purpose. He asked how the restriction described in paragraph 179 of the report ("freedom of expression is subject to parental discipline") could be deemed to be compatible with the child's right to be heard.

21. **Ms. Ndlovu** (Zimbabwe) said that the Public Order and Security Act did not apply to activities carried out by children or gatherings that were intended to favour or further

their interests or rights. The police were invited to such events only for the purpose of ensuring their peaceful conduct.

22. **Ms. Msika** (Zimbabwe) said that due recognition was given to children's views on national issues and matters that affected them, as illustrated by the 2011 consultative process in which the views of children had been taken into account for the incorporation of children's rights into the new Constitution. The judicial system, and in particular the children's courts, generally permitted presiding officers to consult children on matters affecting their welfare, in keeping with the principle of the best interests of the child.

23. Children's freedom of expression was upheld through public communications platforms, drama societies and public media. Each year, Zimbabwe joined other countries in commemorating the International Children's Day of Broadcasting. Another avenue for children's freedom of expression was the Children's Parliament, which served to promote leadership development, advocacy on children's rights and children's involvement in issues of governance.

24. **Ms. Jiri** (Zimbabwe) said that children's right to privacy in judicial proceedings was protected under section 57 of the Constitution and was further guaranteed under the Children's Act, which prohibited the publication of any information that would reveal the identity of a child involved in any court proceedings. Infringements of those provisions were the exception, not the rule. The Zimbabwe Media Commission applied the Code of Conduct for Zimbabwean Media Practitioners on the basis of section 249 of the Constitution. Among the functions of the Media Commission were to promote and enforce good practices and ethics in the media, to receive and consider complaints by the public and, where appropriate, to take action against journalists and other persons employed by the media or broadcasting who were found to have breached any law or any code of conduct applicable to them. Other reporting mechanisms could also be used to report such breaches.

25. **Ms. Mufukare** (Zimbabwe) said that, under the Constitution, every citizen and permanent resident of Zimbabwe had the right to a basic State-funded education, including adult basic education and further education. The Government's policy was that no school-age child could be denied the right to education on account of non-payment of school fees. Since the payment of fees was a parental responsibility, schools were required to enrol all eligible learners and to propose payment arrangements to any parents who faced difficulties. Indigent children, including orphans and vulnerable children, were given priority for educational assistance through the BEAM programme.

26. **Ms. Sandberg** questioned whether, in practice, the Government succeeded in realizing that policy and whether parents were made sufficiently aware that they could enrol their children, despite financial difficulties. She asked about the extent to which the dropout rate for students between primary and secondary education was related to unaffordable school fees.

27. **Ms. Mufukare** (Zimbabwe) said that parents who faced challenges in paying school fees were made aware of the options available to them, such as installment plans.

28. **Mr. Parirenyatwa** (Zimbabwe) said that Zimbabwe had a 92 per cent literacy rate — among the highest in Africa. The Government was engaged in a major drive to progressively implement free and compulsory education.

29. **Ms. Mufukare** (Zimbabwe) said that an administrative circular had been issued that prohibited teachers from taking on extra activities during working hours, and disciplinary action was taken against those found to be in breach of the rules. Professional standards for teachers had recently been introduced; professional ethics was a component of teacher capacity-building programmes. It was true that, prior to the introduction of the Government's policy calling for no child to be denied access to

education, students had been dropping out of school because their parents could not afford the fees.

30. The Zimbabwean school system was divided into public and private schools, the latter being under the responsibility of various authorities. The Ministry of Primary and Secondary Education was authorized to monitor all schools in Zimbabwe with regard to quality of education and soundness of finances. Schools that failed to comply could have their registration rescinded, and any school that operated without a registration certificate was closed down.

31. Satellite schools had been established mainly in order to reduce walking distances for children. They were as-yet unregistered schools that operated under the supervision of registered schools, known as "mother schools". In terms of the quality of education, they were no poorer than regular schools, but in terms of their infrastructure, they were definitely disadvantaged.

32. **Ms. Sandberg** asked whether satellite schools were sufficiently staffed with properly qualified teachers and whether the teacher/student ratio was the same as that of regular schools. She wished to know whether the Government envisaged raising teachers' salaries in order to obviate the need for them to take on additional work.

33. **Ms. Mufukare** (Zimbabwe) said that the number of qualified teachers sufficed for all schools, even satellite schools.

34. **Mr. Parirenyatwa** (Zimbabwe) said that the issue of higher salaries concerned the entire civil service; however, its particular relevance to teacher retention was generally recognized.

35. **Ms. Mufukare** (Zimbabwe), replying to a question asked earlier concerning professionals in early childhood development, said that they were qualified teachers with diplomas who had attended a teacher's college. Paraprofessionals without diplomas were given basic training, and as soon as they acquired requisite levels, they could enrol in teacher's colleges.

36. In response to the question whether schools were used for military purposes, she noted that schools could be used for national or government programmes, such as elections and the census. However, they could not be used for activities likely to disrupt the normal school day. When reports of the misuse of school facilities were received, they were investigated and the appropriate action was taken. In an effort to ensure that schools were not misused, the monitoring of education activities had been strengthened, and the Ministry responsible for education held regular consultative meetings with teacher associations to discuss issues of mutual interest.

37. **Mr. Gwinji** (Zimbabwe) said that access to education for children with disabilities had increased significantly in recent years following the adoption by the Ministry of Education of an inclusive approach that sought to ensure that, to the extent possible, they were integrated into mainstream schools. From 2005 to 2012, for example, the number of schools that had enrolled children with disabilities had risen from 1,097 to 1,788. The Government was continuing to work hard to address such issues as physical access to school infrastructure and the provision of appropriate educational materials. A number of specialized institutions existed to cater for children who required additional support owing to certain disabilities, such as cerebral palsy. Those establishments, which were generally run by private voluntary organizations, received technical and financial support from the Government.

38. As to access to health services, the policy on exemption from user fees for women and children under the age of five remained in force, despite some difficulties in its implementation caused by financial challenges over the years. Although the policy provided for free access to antiretroviral therapy for children, the rate of coverage

remained low, at 46 per cent. A number of steps had therefore been taken, including measures to build capacity for the early diagnosis of HIV in infants, such as training programmes for government medical officers at the provincial and district levels. Currently, 57 per cent of infants who were born of HIV-positive mothers received their first virological test within two months of birth, and the percentage of that received antiretroviral prophylaxis had risen from 26 per cent in 2007 to 86 per cent in 2014. Thanks to those and other efforts, the under-five mortality rate had fallen from 94 deaths per 1,000 live births in 2009 to 75 per 1,000 in 2014. It was expected that the continued use of high-impact, low-cost interventions would result in further incremental gains in the coming years. Those interventions would focus on expanding the immunization programmes, increasing the use of mosquito nets and encouraging breastfeeding.

39. **Ms. Aho Assouma** asked what proportion of the national budget was allocated to health. With respect to HIV/AIDS, she wished to know whether a reference system was in place in rural areas; whether Zimbabwe had received support from the Global Fund to fight AIDS, Tuberculosis and Malaria and, if so, what impact it had had; and whether any study had been undertaken to determine the number of pregnant women who had been tested for HIV/AIDS and the number of children co-infected with HIV and tuberculosis or malaria. She enquired whether the authorities had established a system of sentinel sites and, if so, what funding had been allocated to the scheme and how it operated. Lastly, she wished to know whether the Government was committed to pursuing the objective of an AIDS-free generation.

40. **Mr. Gwinji** (Zimbabwe) said that the annual budget allocated to the Ministry of Health and Child Welfare had ranged from $US 330 million to $US 390 million in recent years. Significant financial support for a number of health programmes that addressed child health matters had also been received from the Global Fund and various other international development partners. The Government was committed to eliminating new cases of HIV infection, particularly among children. Although it was still high, the national HIV prevalence rate had fallen from 33 per cent to approximately 15 per cent. Some 93 per cent of women were covered by prevention of mother-to-child transmission (PMTCT) programmes. According to recent estimates, 9.6 per cent of children born to HIV-positive mothers were infected with HIV. An extensive programme had been put in place to provide training for health professionals and community support groups involved in the delivery of PMTCT services.

41. According to population-based health surveys, the level of stunting had decreased from 34 per cent in 1999 to 27 per cent in 2014, while the acute malnutrition rate had fallen from 8 per cent to less than 3 per cent over the same period. However, further efforts were needed to reduce the chronic malnutrition rate, which remained high.

42. **Ms. Muhamad Shariff** asked how the authorities proposed to address the disparities in stunting rates between urban and rural areas.

43. **Mr. Gwinji** (Zimbabwe) said that, as part of the Zimbabwe Agenda for Sustainable Socio-Economic Transformation, the Government had been working to strengthen food security and nutrition by encouraging increased food crop production. Furthermore, community-based malnutrition management programmes had been put in place to ensure that children received the nutritional supplements they required.

44. Although 92 per cent of newborns were breastfed within 24 hours of birth, only 31 per cent of infants were exclusively breastfed during the first 6 months of life. The Government had therefore introduced a number of programmes and strategies to promote more positive cultural attitudes to breastfeeding. Zimbabwe was implementing the International Code of Marketing of Breast-milk Substitutes.

45. Thanks to an expanded immunization programme that sought to ensure the availability of vaccines for all children, full vaccination coverage had increased from 63

per cent in 2005 to 69 per cent in 2014, while the coverage rate for measles had remained consistently above 80 per cent. No measles outbreaks had occurred in the past three years. With support from the Global Alliance for Vaccines and Immunization, the Government had introduced the pentavalent vaccine in 2010 and the pneumococcal vaccine in 2011 with a view to preventing such diseases as pneumonia and meningitis.

46. Malaria remained a challenge. Under the National Malaria Control Programme, the authorities had encouraged the use of indoor residual spraying, intermittent presumptive treatment for pregnant women and long-lasting insecticidal nets. As a result of those efforts, the malaria incidence rate had fallen from 95 cases per 1,000 population in 2007 to 25 cases per 1,000 in 2011. Twenty per cent of the cases reported in 2011 concerned children under the age of five.

47. **Ms. Aho Assouma** asked what funding was allocated to the nutrition programme and what proportion of the immunization programme was funded by the Government. She also wished to know what steps the authorities took to ensure the use of mosquito nets and the delivery of vitamin A supplements.

48. **Mr. Gwinji** (Zimbabwe) said that between 10 and 15 per cent of the operational component of the health budget was generally allocated to nutritional issues. Programmes that focused on therapeutic nutrition in particular were supported by international partners, such as the United Nations Children's Fund (UNICEF).

49. **Ms. Muhamad Shariff** asked whether such partnerships were bound by specific time frames.

50. **Mr. Gwinji** (Zimbabwe) said that, while international partnership programmes ran for fixed periods, their successful deployment had resulted in continued funding cycles and had attracted further investment. However, the Government was also exploring ways to sustain programmes in the absence of donor funding.

The meeting was suspended at 4.25 p.m. and resumed at 4.40 p.m.

51. **Mr. Gwinji** (Zimbabwe), responding to an earlier question about health-care services for pregnant women, said that over the previous 3 years some 2,000 new midwives had been trained and subsequently deployed throughout the country and that government medical officers specializing in maternal care had been appointed to all district hospitals. Furthermore, primary care nurses in rural areas were receiving training in midwifery skills. A number of steps had been taken to give effect to the national strategy on adolescent sexual and reproductive health, including the development of a national compendium of indicators, a framework for monitoring relevant programmes and a database on organizations serving young people. In addition, 26 health-care professionals had been trained on the provision of child-friendly sexual and reproductive health services.

52. **Ms. Muhamad Shariff** asked whether the post of childcare coordinator had been established.

53. **Mr. Gwinji** (Zimbabwe) said that the deputy director of the Directorate of Family Health acted as coordinator for child health care matters; however, the post was currently vacant following the recent departure of the occupant.

54. **Ms. Sibiya** (Zimbabwe), replying to an earlier question, said that the Government was in the process of drafting a juvenile justice bill with a view to bringing national legislation into line with the Convention and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice. As part of that process, a study of the South African juvenile justice system would be undertaken with the support of development partners.

55. **Ms. Jiri** (Zimbabwe) said that, under the Constitution, children could not be detained except as a measure of last resort and that, if they were detained, they should be held for the shortest appropriate period, kept separately from detained persons over the age of 18 and treated in a manner that took account of their age. Furthermore, under the Criminal Procedure and Evidence Act, the competent authorities were empowered to release juvenile offenders into the care and custody of their parents or guardian pending their appearance before a court or magistrate; alternatively, offenders could be held in a place of safety, as defined in the Children's Protection and Adoption Act. Juvenile offenders were occasionally remanded into police custody when no other alternative was available. The Legal Aid Directorate, which was currently operating in 6 of the country's 10 provinces, provided for legal representation for all indigent persons, including children. The Government was working, with the support of international development partners, to establish offices in the remaining four provinces. Nearly one thousand children had received legal assistance under a national strategy designed to improve children's access to justice that had run from 2012 to 2015.

56. Consideration was currently being given to raising the minimum age of criminal responsibility from 7 years to 12. At present, child offenders below the age of seven were dealt with by probation officials from the Ministry of Public Service, Labour and Social Welfare. While there was currently no prohibition on the imposition of life imprisonment on juveniles, no child had in fact ever been sentenced to such a term.

57. The Pretrial Diversion Programme, which had been introduced in 2008, remained in operation. It was aimed at diverting young offenders from the formal court system as a way of preventing them from acquiring a criminal record at an early age. The programme sought to rehabilitate young offenders and fully integrate them into society; it targeted in particular offenders who had committed crimes that were punishable by prison terms of two years or less. In view of the success of the pilot project, the Government was planning to roll the programme out nationwide.

58. **Mr. Gastaud** asked what the minimum age of detention was and for which offences a child of that age could be held in custody, what was the average length of pretrial detention for juvenile offenders, whether there were alternatives to detention and whether there were judges and/or courts that specialized in juvenile justice.

59. **Ms. Muhamad Shariff** pointed out that, if the sentence of life imprisonment was never applied to minors, the State party might consider repealing the provision altogether.

60. **Ms. Sandberg** requested confirmation that funding would be secured to ensure that the Pretrial Diversion Programme was resumed and expanded in 2016.

61. **Ms. Aho Assouma** asked whether juveniles in detention had access to health care.

62. **Ms. Jiri** (Zimbabwe) said that, while there were no judges or courts specializing in juvenile matters, special measures were taken by the courts when the offender was underage. The new legislation being prepared on children would address that shortcoming. If a child over seven was considered to be capable of grasping the consequences of his or her actions, he or she could be imprisoned. In 2015, the Government had committed itself to continuing to fund the Pretrial Diversion Programme, which provided for alternative sentences, such as mandatory counselling and community service. There were doctors in all prisons.

63. **Ms. Muhamad Shariff** asked whether the State party had any immediate plans to raise the age of criminal responsibility to 12.

64. **Ms. Jiri** (Zimbabwe) replied that the new legislation on children would address that concern.

65. **Ms. Sibiya** (Zimbabwe) said that the minimum age of employment had been raised to 16 and that Zimbabwe had ratified International Labour Organization (ILO) Minimum Age Convention, 1973 (No. 138) and Worst Forms of Child Labour Convention, 1999 (No. 182). By law, children who had been exposed to the worst forms of child labour were considered to be children in need of care. Child protection was tackled from many angles, inter alia through the Constitution, the Trafficking in Persons Act, the Interministerial Task Force on Human Trafficking, a ban on the commercial exploitation of children and the National Action Plan to Combat Child Labour. As a result of the Government's efforts, child labour, particularly in the mining sector, was declining.

66. **Ms. Muhamad Shariff** requested specific data on child labour.

67. **Mr. Gastaud** asked whether there were enough labour inspectors to identify violations of children's rights and whether any employers who had infringed the regulations on child labour had been prosecuted and convicted. He requested further information on the content of the National Action Plan to Combat Child Labour. He enquired about efforts regarding street children, specifically whether there were any strategies, programmes and preventive measures in place.

68. **Ms. Sandberg** said that it would be helpful to know more about the Government's efforts to prevent child trafficking. She asked whether the State party had plans to submit its initial report under the Optional Protocol to the Convention on the sale of children, child prostitution and child pornography, which was slightly overdue. She would welcome additional information about programmes to combat gender-based violence.

69. **Ms. Sibiya** (Zimbabwe) said that gathering the information for the initial report was not a simple task, but that the report was under preparation. Various initiatives had been launched to reduce poverty — one of the root causes of child labour — such as harmonized cash transfers for families and food-for-work schemes for unemployed parents.

70. **Mr. Ndlovu** (Zimbabwe) said that a study carried out in 2014, in cooperation with the United Nations Children's Fund (UNICEF), had identified approximately 4,700 street children, over 1,000 of whom had stated that they lived in the street, while the rest returned home at night. Nearly one quarter of the children were runaways. In the light of the study's findings, programmes had been designed to remove children from the streets, provide them with rehabilitative care, trace their families and promote family and community reintegration, and multisectoral task forces had been set up at the local level. When children could not be returned to their families, they were placed in foster care or in an institution. The study had also found that most street children were between the ages of 17 and 18 and predominantly male: that had led to the creation of life and vocational skills programmes to teach them to support themselves. Activities were carried out to raise awareness of the dangers of life on the streets. Zimbabwe had signed memorandums of understanding with a number of neighbouring countries to deal with the issue of unaccompanied migrant children, and two centres had been established to house them pending their return to their country of origin.

71. **Mr. Parirenyatwa** (Zimbabwe) said that the Ministry of Women's Affairs, Gender and Community Development was at the forefront of efforts to eliminate gender-based violence. It had set up an interministerial task force that had already been on missions in the field and was to examine the causes of gender-based violence in a wide range of settings, including the home, school and the workplace, and make recommendations on how to best tackle them. Although there was no data as yet, he stressed that the issue was a topic of discussion at the highest levels.

72. **Ms. Muhamad Shariff**, repeating a question asked at the Committee's 2076th meeting, enquired about the situation of the children affected by Operation Murambatsvina and the Chingwizi flood.

73. **Ms. Sandberg**, noting that the delegation's comments on gender-based violence were promising, asked what specific actions would be taken, particularly with regard to negative gender stereotyping.

74. **Ms. Aho Assouma** pointed out that the delegation had not yet replied to the question on children affected by HIV/AIDS and also asked what services, including mental health care, were available to victims of violence.

75. **Mr. Gwinji** (Zimbabwe) said that the HIV/AIDS programme was comprehensive and covered the specific needs of children, although it could certainly be improved through the introduction of new technologies. The country had two children's hospitals with specialist staff. The initiation of antiretroviral therapy had been decentralized to all provinces and districts, with health-care providers receiving all the appropriate training. While there had been a lag in the provision of services to children living with HIV/AIDS, because the disease had initially been seen as an adult issue, a growing number of paediatric cases were being treated. Prevention campaigns were also directed at children, both in and out of school. The National Action Plan for Orphans and Other Vulnerable Children addressed that group's access to care and education. Children living with HIV/AIDS were not placed in institutions; rather, they were integrated into society and the general health-care system.

76. **Ms. Charumbira** (Zimbabwe) said that the Government had striven to restore the dignity of the over 15,600 victims of the flood around the Tokwe Mukorsi dam, near Chingwizi. Following the declaration of a state of emergency, the Government of Japan had provided US$ 1.5 million which was being channelled into meeting the needs of the children, in cooperation with UNICEF. Particular efforts were made to treat diarrhoeal diseases and acute malnutrition, provide micronutrient support, establish nutrition/food security committees and child protection committees, ensure access to drinking water and sanitation and encourage good hygiene practices. There were five primary schools and one secondary school, as well as a rural health centre, in Chingwizi. The Government was working with national and international stakeholders to assist vulnerable children, including by reuniting them with their families. It was also looking for sites for voluntary resettlement and paying compensation to displaced households.

77. Operation Murambatsvina, also known as Operation Restore Order, had been launched in 2005 as part of a National Housing Delivery Programme. Nearly 7,500 households had been resettled and the children enjoyed the same level of access to basic services as local children. The Government had funded the construction of housing, the creation of livelihood opportunities and the purchase of land for housing cooperatives.

78. **Ms. Sandberg** (Coordinator, Country Task Force), thanking the delegation for a constructive dialogue, said that the State party had demonstrated its motivation and commitment to the protection of children. The Committee looked forward to all the legislative amendments and new laws to be introduced and hoped that the legislative process would be completed shortly, especially with regard to the age of criminal responsibility and the situation of children born out of wedlock. She hoped that the Government would find a lasting solution to the shortage of funding.

79. **Mr. Guráň** (Country Task Force) expressed appreciation for what had been a very professional discussion.

80. **Ms. Muhamad Shariff** (Country Task Force) thanked the State party for a constructive dialogue and, echoing the words of Nelson Mandela, said that there was no keener revelation of a society's soul than the way it treated its children.

81. **Mr. Parirenyatwa** (Zimbabwe) said that the dialogue had been very stimulating and that the Committee's pertinent questions had provided useful insight into the issues to be addressed. He hoped that, together with the partners and other stakeholders who

had made the journey to Geneva, the delegation had been able to place the situation of children's rights in Zimbabwe in its proper perspective.

82. **The Chair** congratulated the State party on the uncommon inclusion of representatives of the Ministry of Finance and the Registrar Office in its delegation, especially in the light of the Committee's draft general comment on children's rights and public spending.

The meeting rose at 6 p.m.